Filing Date Application Number **CLAIMS ONLY** Applicant(s) * May be used for additional claims or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT CLAIMS AS FILED Indep Depend Depend Indep Indep Depend Indep Depend Indep Indep Depend Depend 51 52 53 54 ; 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 23 24 25 26 27 28 29 30 77 78 79 80 81 31 32 82 83 .33 84 85 34 35 36 86 87 37 88 38 39 89 90 40 91 92 42 93 94 44 95 96 45 46 97 98 47 48 99 49. 100 50 Total Indep Total Total Indep Total Depend Depend Total Claims Total Claims